

Preadmission Screening Process – House Bill (HB) 702 Frequently Asked Questions

Effective July 1, 2014, there will be no immediate changes in the day-to-day operations of hospital and community preadmission screening (PAS) teams resulting from HB 702. (Please refer to Attachment A for a copy of the enacted legislation.) The Department of Medical Assistance Services (DMAS), in collaboration with the Virginia Departments of Health (VDH) and Social Services (VDSS) and the Department for Aging and Rehabilitative Services (DARS), have completed an implementation plan to address the immediate requirements of the *Code*; the implementation plan includes the following:

- provision of these Frequently Asked Questions (FAQs) to assist PAS teams;
- revisions to the Medicaid Preadmission Screening Provider Manual;
- analysis of trends in preadmission screenings, including length of time from request to completion of PASs;
- review vendor responses to DMAS issued Request for Information (RFI 2014-01) on best practices and recommendations for enhancing Virginia's PAS process through a future Request for Proposals; and,
- create a DMAS committee, in conformance with state procurement requirements and with the collaboration of VDH, DARS and VDSS, to further consider a procurement for PAS services as required by HB 702.

To assist hospital and community PAS teams, the following questions and answers provide information regarding HB 702.

#1 - What changes will occur effective July 1, 2014 in the day-to-day operations of hospital and community preadmission screenings?

Response: There will be **no immediate changes** in the day-to-day operations for hospital and community based PAS teams. In other words, PAS teams should continue to conduct business as described in the DMAS PAS Provider Manual.

#2 - Will hospital and community PAS teams be able to refer individuals to a DMAS contracted vendor for preadmission screenings?

Response: No, not at this time. DMAS, in collaboration with VDH, VDSS and DARS, is determining the scope, cost and feasibility of procuring a vendor to provide this PAS services as required by HB 702.

#3 - Will DMAS contract with registered nurses to perform PAS activities?

Response: No.

#4 - What will happen if a jurisdiction cannot complete a PAS within 30 days of the request?

Response: DMAS, in collaboration with VDH, VDSS and DARS, are updating the current Medicaid Provider Preadmission Screening Manual to clarify timeframes and requirements in state and federal law for the PAS process; the targeted date of the issuance of the revised manual is September 2014. Until a vendor is procured, PAS teams will not be able to refer individuals to a vendor when the team cannot complete a PAS within 30 days of the request. In the interim, PAS teams are encouraged to assess their own capacity for performing screenings to determine if, in the future, they need assistance with timely completion of PAS assessments.

#5 - Will hospital and community PAS teams be required to screen all individual for the purpose of enrolling in the Program for All-Inclusive Care for the Elderly (PACE)?

Response: Yes. Effective July 1, 2014, all PAS teams shall perform a PAS for an individual seeking a screening for enrollment into PACE, without regard to Medicaid eligibility for services.

Attachment A

CHAPTER 413

An Act to amend and reenact § [32.1-330](#) of the Code of Virginia and to amend the Code of Virginia by adding a section numbered [32.1-330.4](#), relating to uniform assessments.

[H 702]

Approved March 31, 2014

Be it enacted by the General Assembly of Virginia:

1. That § [32.1-330](#) of the Code of Virginia is amended and reenacted and that the Code of Virginia is amended by adding a section numbered [32.1-330.4](#) as follows:

§ [32.1-330](#). Preadmission screening required.

All individuals who will be eligible for community or institutional long-term care services as defined in the state plan for medical assistance shall be evaluated to determine their need for nursing facility services as defined in that plan. The Department shall require a preadmission screening of all individuals who, at the time of application for admission to a certified nursing facility as defined in § [32.1-123](#), are eligible for medical assistance or will become eligible within six months following admission. For community-based screening, the screening team shall consist of a nurse, social worker *or other assessor designated by the Department*, and physician who are employees of the Department of Health or the local department of social services or a team of licensed physicians, nurses, and social workers at the Woodrow Wilson Rehabilitation Center (WWRC) for WWRC clients only. For institutional screening, the Department shall contract with acute care hospitals. *The Department shall contract with other public or private entities to conduct required community-based and institutional screenings in addition to or in lieu of the screening teams described in this section in jurisdictions in which the screening team has been unable to complete screenings of individuals within 30 days of such individuals' application.*

§ [32.1-330.4](#). *Uniform assessment instrument for PACE plans.*

Every individual who requests a screening for the purpose of enrollment in a PACE plan, as defined in § [32.1-330.3](#), shall be eligible for such screening, regardless of whether the individual is eligible under the state plan for medical assistance.

2. That the Board of Medical Assistance Services shall promulgate regulations to implement the provisions of this act to be effective within 280 days of its enactment.